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174381

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/584,328
		Filing Date	May 30, 2000
		First Named Inventor	Petersen, Kurt E.
		Group Art Unit	1743
Total Number of Pages in This Submission	33	Examiner Name	Warden, Jill Alice
		Attorney Docket Number	020048-003110US

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ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s) (3 sheets) Marked Drawings to Show Changes (3 Sheets)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> Terminal Disclaimer	Application Data Sheet Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm and Individual name	Townsend and Townsend and Crew LLP William Schmonsees Reg. No. 31,796.	
Signature		
Date	October 10, 2002	

CERTIFICATE OF MAILING

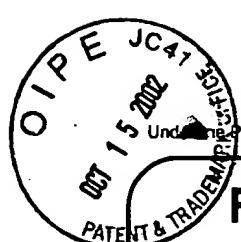
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date:

October 10, 2002

Typed or printed name	Kristi Coplin		
Signature		Date	October 10, 2002

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PA 3256608 v1



FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 570)

METHOD OF PAYMENT (check all that apply)

Check Credit Card MoneyOrder Other None
 Deposit Account:

Deposit Account Number
20-1430

Deposit Account Name
Townsend and Townsend and Crew LLP

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1)

(\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-**	Extra Claims		Fees from below	Fee Paid
Independent Claims	-**				
Multiple Dependent				X	

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$)

**or number previously paid, if greater. For Reissues, see above

Complete If Known	
Application Number	09/584,328
Filing Date	May 30, 2000
First Named Inventor	Petersen, Kurt E.
Examiner Name	Warden, Jill Alice
Group Art Unit	1743
Attorney Docket No.	020048-003110US

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FEE CALCULATION (continued)					
3. ADDITIONAL FEES					
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		105	130	205 65 Surcharge - late filing fee or oath	
		127	50	227 25 Surcharge - late provisional filing fee or cover sheet	
		139	130	139 130 Non-English specification	
		147	2,520	147 2,520 For filing a request for reexamination	
		112	920*	112 920* Requesting publication of SIR prior to Examiner action	
		113	1,840*	113 1,840* Requesting publication of SIR after Examiner action	
		115	110	215 55 Extension for reply within first month	
		116	400	216 200 Extension for reply within second month	
		117	920	217 460 Extension for reply within third month	920
		118	1,440	218 720 Extension for reply within fourth month	
		128	1,960	228 980 Extension for reply within fifth month	
		119	320	219 160 Notice of Appeal	
		120	320	220 160 Filing a brief in support of an appeal	
		121	280	221 140 Request for oral hearing	
		138	1,510	138 1,510 Petition to institute a public use proceeding	
		140	110	240 55 Petition to revive - unavoidable	
		141	1,280	241 640 Petition to revive - unintentional	
		142	1,280	242 640 Utility issue fee (or reissue)	
		143	460	243 230 Design issue fee	
		144	620	244 310 Plant issue fee	
		122	130	122 130 Petitions to the Commissioner	
		123	50	123 50 Petitions related to provisional applications	
		126	180	126 180 Submission of Information Disclosure Stmt	
		581	40	581 40 Recording each patent assignment per property (times number of properties)	
		146	740	246 370 Filing a submission after final rejection (37 CFR § 1.129(a))	
		149	740	249 370 For each additional invention to be examined (37 CFR § 1.129(b))	
		179	740	279 370 Request for Continued Examination (RCE)	
		169	900	169 900 Request for expedited examination of a design application	
				Other fee (specify) Terminal Disclaimer	110.

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)1030

SUBMITTED BY

Complete (if applicable)

Name (Print/Type) William Schmonsees Registration No. (Attorney/Agent) 31,796 Telephone 650-328-2400

Signature  Date October 10, 2002

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